

910-111 Relationship Between Measures of Heart Rate Complexity and Maximal Exercise Capacity

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Attention has focused on heart rate variability (as measured by power spectral analysis) and complexity (as measured by Approximate Entropy) for assessing cardiovascular health and outcome. Previous research has demonstrated reduced complexity in elderly patients. This is thought to reflect a decrease in networking of normal physiologic control systems. Because of the known decrease in physical fitness with age, we postulated that measures of heart rate variability and complexity would decrease with advancing age. Studies were performed in 182 asymptomatic individuals (77 men and 105 women, 30-59 years of age) who were siblings of patients with premature CAD. Exercise testing (ETT), with recordings of maximal metabolic equivalent (MET), and thallium scanning (TL) were done in each person. Total spectral power was calculated from 24 hour Holter recordings using sequential fast Fourier transformations on 2 minute blocks, averaged over 24 hours. Approximate Entropy (ApEn), a measure of complexity, was calculated for 1000 points, using $m = 2$, $r = 20\%$ of the standard deviation (S.D.) and average over a one hour period during the morning. In 163 people with normal ETT and TL, total spectral power decreased with advancing age, while ApEn was not related to age within the range studied in our cohort. MET level was significantly and linearly related to total power only in the cohort of individuals between 40-50 years of age ($p < 0.05$). In patients age > 50 years, total power was significantly lower than in those age < 40 years, and was not influenced by MET level. ApEn was linearly related to MET level with increasing age. The linear relationship between ApEn and MET remained significant when controlled for age. Our results further support the notion that heart rate variability reflected in total spectral power, and complexity (ApEn) measure different underlying control systems. Reductions in ApEn in the elderly may reflect reduced aerobic capacity and decreased resiliency of the underlying control systems.

910-112 Ultra Low Frequency Power is the Only Power Spectral Measure Not Confounded by Physical Fitness

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Power spectral analysis of RR variability has been shown to predict mortality after myocardial infarction (MI). Compared to other measures of RR variability, ultra-low frequency power (ULF) is the best predictor of mortality after MI and best separates healthy normal subjects from patients with coronary heart disease (CHD). In addition, ULF is the only measure of RR variability that is not significantly influenced by age or sex. We have shown that physical fitness has a strong relationship with high frequency power, but the relationship between physical fitness and ULF is unknown. This study was carried out to determine if physical fitness influences ULF.

We studied 37 healthy volunteers. Physical fitness was assessed by the measurement of maximal oxygen consumption ($\text{VO}_{2\text{max}}$) attained during an incremental bicycle test. RR variability was obtained from 24-hour Holter recordings during which time subjects did not exercise. We calculated the power within four frequency bands of the 24-hour RR interval power spectrum: < 0.0033 Hz, ULF; 0.0033-0.04 Hz, very low frequency (VLF); 0.04-0.15 Hz, low frequency (LF); 0.15-0.40 Hz, high frequency (HF) power. Among the 33 men and 4 women, aged 22-44 years (mean of 30 ± 5), $\text{VO}_{2\text{max}}$ ranged from 25-70 ml/kg/min (mean of 45 ± 13).

$\text{VO}_{2\text{max}}$ was significantly correlated with HF ($r = 0.72$, $p < 0.0001$), LF ($r = 0.76$, $p < 0.0001$), and VLF ($r = 0.80$, $p < 0.0001$), but $\text{VO}_{2\text{max}}$ was only weakly and not significantly related to ULF ($r = 0.30$, $p = 0.07$).

ULF, the best predictor of death after MI of the power spectral components of RR variability, is not confounded by physical fitness. Since ULF power is not significantly affected by age, sex, or fitness, the effect of CHD on ULF can be more easily interpreted.

910-113 Normal Pregnancy Is Associated With Reduced Heart Rate Variability

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To determine the effect of pregnancy on heart rate variability, we used Marquette heart rate variability software to analyze 24-hour electrocardiograms of 26 pregnant subjects and 26 age-matched female controls. Pregnant subjects in the first (13), second (7), and third (6) trimesters were studied.

Reduction in heart rate variability was similar among subjects in all trimesters.

Conclusion: Maternal heart rate variability is reduced in normal pregnancy during all trimesters. This may represent a component of physiologic adap-

Table 1. Changes in HRV associated with pregnancy

	Pregnant	Control	p value
Number	23	26	
Age	30 ± 5	29 ± 5	NS
Min. Heart Rate	60 ± 7	49 ± 6	0.001
Avg. Heart Rate	90 ± 8	82 ± 7	0.002
Max. Heart Rate	155 ± 18	145 ± 15	0.04
SDNN	94 ± 25	147 ± 38	< 0.001
SDANN	83 ± 24	133 ± 45	< 0.001
SDNN index	46 ± 15	66 ± 17	0.001
rMSSD	27 ± 13	44 ± 17	0.001
pNN50	7 ± 8	16 ± 9	0.003

tation to pregnancy.

910-114 Relationship Between Cardiac Autonomic Function and Symptomatic State in Patients With Syndrome X

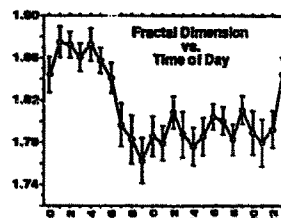
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An increase of both adrenergic activity and sensitivity to painful stimuli have been suggested to play a role in the pathogenesis of syndrome X (SX), but it is not known whether these abnormalities do have any relationship with the frequency of symptoms occurring during daily life in these patients (pts). To address this question, we studied off therapy 23 SX pts (18 women, age 56 ± 8 yrs) by assessing: 1) general sensitivity to pain, by measuring time to forearm ischemic pain (FIP); 2) cardiac autonomic function, by measuring heart rate variability (HRV) on 24-hour Holter recordings, and 3) number, duration and severity (scale 1-5) of anginal episodes occurring in a 4-week period, as reported by pts in an appropriately structured diary. Data showed an inverse correlation between frequency of anginal episodes and time to FIP ($r = -0.48$, $p < 0.05$), and a direct correlation between angina frequency and some time- and frequency-domain HRV indexes specific for vagal activity ($r = 0.43$, $p < 0.05$ for r-MSSD; $r = 0.56$, $p < 0.01$ for pNN50; $r = 0.47$, $p < 0.05$ for HF). Thus, in SX pts a higher frequency of spontaneous anginal episodes is associated to a heightened sensitivity to painful stimuli, but not to an increased adrenergic activity. Indeed, in our pts, the occurrence of anginal episodes was actually correlated to a higher vagal activity, as assessed by HRV analysis.

910-115 Diurnal Variation of Heart Rate Fractal Dimension in Heart Disease Patients

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Alterations in cardiac neural regulation as assessed by heart-rate variability (HRV) correlate with prognosis in patients with heart disease. Circadian rhythms of HRV parameters may provide insight into mechanisms of cardiac events such as MI and VT which are known to occur in circadian patterns. Fractal dimension (FD) is a measure of HRV which is correlated with the 1/f broadband component of the HR spectrum ($f < 0.04$ Hz). From ambulatory ECG recordings, we analyzed the diurnal variation of FD (computed from the zero crossings of the mean-adjusted HR time series) and standard HRV parameters derived from the power spectrum (high frequency and low frequency components and their ratio). We studied 35 patients with cardiac disease, age = 56 ± 16 , LVEF = $22 \pm 10\%$. Comparison of FD in 6-hour time-periods revealed a FD of 1.86 ± 0.01 during the night which was significantly higher than in the morning (1.79 ± 0.01), afternoon (1.80 ± 0.01), or evening (1.80 ± 0.01), ($p < 0.0001$). In multivariable analysis of fractal and standard HRV parameters, FD displayed the strongest correlation with time-period in this group of patients with severe heart disease. FD was independent of HR, HR variance, LVEF, and age.



Conclusions: Fractal dimension, a measure of HR variation which correlates with the 1/f broadband component of the HR spectrum, displays a diurnal variation with highest values during sleep. This suggests an inverse